

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.	FILING DATE
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4						
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50						
TOTAL IND.	4					
TOTAL DEP.	17					
TOTAL CLAIMS	21					

	IND	DEP		IND	DEP	
51						8
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TOTAL DEP.						
TOTAL CLAIMS						